DPS		
	-	

Date

## Application for Release of Information

## **Tule River Department of Public Safety**

Date & Time of Occurrence	Type of Re [] Traffic Collision [] Incident Report		Report Number: (If known)	
Location of Incident:		Name of Driver or Property Owner :		
Name of Applicant/Agency:		ÿ <u>vi</u>		
Date of Receipt				
PARTY OF INTEREST (PL	EASE CHECK ONE)			
[ ] Person Involved: Oriver, Passenger, Pedestrian, or Victim		[ ] Representative of Insurance Company of Insurance Adjusting Agency		
[ ] Property Owner		[ ] Attorney		
[ ] Authorized Individual (Notarized letter is Required) [ ] Parent/Guardian of Juvenile	Party	[ ] Other Pa	rty of Interest (Specify)	
CERTIFICATION				
declare under penalty of perjuindentified in the recorded her		attorney repi	esenting the party of interest	
The state of the s	Date			
		E ONLY ***		
	EASE ***OFFICE US	E ONLY ***DEN	ſĖD	
Signature AUTHORIZATION TO RELAPPROVED TO RELEASE (	EASE ***OFFICE US COPY IN FILE	DEN	IÉD PIES AVAILABLE JPON SUBPOENA	

Signature of pick up